Community Resource Manager

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MONTANA DPHHS
Healthy People. Healthy Communities.
Department of Public Health & Human Services

Addictive & Mental Disorders Division, DPHHS

Mental Health Services Bureau

Community Liaison Outreach Specialists (CLOS)

"No matter how disabled by mental illness or addiction a person may be, there is still a part that is well. That part may be covered over by layers of labels, diagnoses, the effects of medication, and by years of disappointment, but that well part is still there."

-Lori Ashcraft
Recovery Opportunity Center

I. The primary role of Community Liaison Outreach Specialists (CLOS) is to provide transitional support to individuals with mental illness being discharged from Montana State Hospital and into services offered in their community. CLOS perform a wide range of tasks to assist individuals with mental illness with community integration. CLOS will:

- Inform individuals about community and natural supports and how to effectively access these in their transition process;
- Maintain a working knowledge of current trends and developments in the mental health field through books, journals and other relevant material;
- Attend relevant seminars, meetings, and in-service trainings when offered;
- Identify trends, concerns, barriers, and coordinate with the Addictive and Mental Disorders Division (AMDD) as needed, and
- Follow up on complaints or concerns of individuals, providers, or other stakeholders in the community and facilitate resolution of disputes.

II. Community Liaison Outreach Specialists will provide training. CLOS will:

- Offer feedback and training to AMDD staff, providers, Local Advisory Councils, Service Area Authorities, and other involved agencies including law enforcement. This collaboration is to better support individuals with mental illness as they transition from the Montana State Hospital.
- The CLOS will understand and communicate the balance between individuals with mental illness and available community resources.

Lack of primary support, failure of community placement, or other treatment access problems are the major factors leading to hospital readmission. It is the goal of the CLOS to support recovery for these individuals as they reconnect with natural support systems and community services after treatment. CLOS help those who may feel overwhelmed with issues of housing, transportation, applying for SSI benefits, or employment.